

**PROCESS FOR REQUESTING REVISION OF THE
2009-2010 TRADITIONAL AND SAFETY NET LISTINGS
FOR THE HEALTHY FAMILIES PROGRAM**

**Note: All Appeals must be received by the Board by 5 p.m., January 14, 2009.
Documentation received late will not be accepted.**

Any health plan who believes a provider, clinic or hospital was not included on the traditional and safety net listing and meets the specified criteria listed in the Healthy Families Program regulations (Section 2699.6805) may submit an appeal to the Board. A provider, clinic or hospital may also submit an appeal to the Board if they believe they were incorrectly excluded from the list.

To submit an appeal to the Board, complete the attached "CPP Appeal Template" by listing each provider on the appropriate worksheet for CHDP, Clinics or Hospitals. All fields must be completed for each provider and appeals must meet the criteria listed below.

In addition to submitting the "CPP Appeal Template", plans must submit documentation that the provider meets the criteria listed below. Documentation can be in the form of a printed report, screen prints for all claims or copies of actual claims.

CHDP List:

The CHDP list includes all providers that meet the following criteria:

- Provided a State-only funded CHDP service to an uninsured child (non-Medi-Cal) between the ages of one (1) and eighteen (18) during the service dates of July 1, 2006 through June 30, 2007.

Clinic List:

The Clinic list includes all providers that meet the following criteria:

- Provided a service to a child between the ages of one (1) and eighteen (18) who was enrolled in Medi-Cal and received services from the clinic during the service dates of July 1, 2006 through June 30, 2007.
- The clinic must be classified as one of the following:
 1. Community Outpatient Hospital Based Clinic
 2. Rural Health Clinic
 3. Federally Qualified Health Center
 4. Free Clinic
 5. Community Clinic
 6. Clinic Exempt from Licensure
 7. County Clinic

Hospital List:

The Hospital list includes all providers that meet the following criteria:

- The hospital discharged at least one resident of the county who was a Medi-Cal, county indigent or charity care patient aged one(1) through eighteen (18) during the service dates of July 1, 2006 through June 30, 2007.
- The hospital was, as of December 31, 2007, one of the following:
 1. Inpatient disproportionate share hospital as designated by DHCS
 2. University teaching hospital
 3. Children's Hospital
 4. County-owned and operated general acute care hospital
 5. A general acute care hospital located in a county with no inpatient disproportionate share hospitals, teaching hospitals, children's hospitals, or county-owned hospitals.
- Acute psychiatric hospitals, psychiatric health facilities and chemical dependency recovery hospital are *excluded*.

All appeals will be reviewed by the staff of the Managed Risk Medical Insurance Board. If the Executive Director of the Board finds that the provider does meet the specified criteria, the provider shall be added to the appropriate list.

The completed template and documentation of services provided are due to MRMIB no later than January 14, 2009. Please submit your files through MRMIB's secure file transfer website located at <https://mrmibftp.mrmib.ca.gov>. Submittal through this website will ensure compliance with HIPAA regulations. If you are submitting only hard copies of appeals, they should be sent to the following address:

Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
Attention: Mary Watanabe
Benefits and Quality Monitoring Division

For questions regarding the appeal process, please contact Mary Watanabe at (916) 324-8199 or mwatanabe@mrmib.ca.gov.